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Substitute for Form PTO-875												
CLAIMS AS FILED – PART I (Column 1) (Column 2)						_	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FIL			ER FILED	ED NUMBER EXTRA			RATE	FEE		RATE	FEE	1
	SIC FEE CFR 1.16(a))							\$	OR		s_	1
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =		•		x s =		1	× * -		1
INDEPENDENT CLAIMS (37 CFR 1.16(b))		MS	minus 3 =		1.				OR	X \$=		-
				ł	=		OR	X \$=		4		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		OR	+\$=		1
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL		]
CLAIMS AS AMENDED - PART II										PA	+ IP	
1	21/05	(Column 1)		(Column 2)	(Column 3)		SMALL E	NTITY	OR		R THAN ENTITY	
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	1
ME	Total (37 CFR 1.16(c))	.36	Minus	-2h	= 1/0	1	×	FEC	İ	x \$ 50=	\$\(\frac{1}{2}\)\rightarrow \(\frac{1}{2}\)\rightarrow \(\frac{1}\)\rightarrow \(\frac{1}{2}\)\rightar	wo
AMENDMENT	Independent (37 CFR 1.16(b))	• ,	Minus	" 'S	- 3	1	X \$=		OR		600	. س
\ ME			<u> </u>			H	X \$=		OR	x 2007:	600	4
_	FIRST PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 C	FR 1.16(d))		+ \$=		OR	+ \$ // =		00
							TOTAL ADD'L FEE		OR/	ADDL FEE	1,400	, ,
		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	1 1			, /-			
ENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	•	Minus	**	a		x s=		OR	x s =		
EN	Independent (37 CFR 1.16(b))	•	Minus	***	=		x \$ =		OR	x s =		1
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							***				1
(37 OT N. 1.10(d))							+ \$ = TOTAL ADD'L FEE		OR OR	+ \$ = TOTAL ADD'L FEE		
ľ		(Column 1)		(Column 2)	(Column 3)							
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
影	Total (37 CFR 1.16(c))	*	Minus	**	=		x s=		OR	x s_ =		
빎	Independent (37 CFR 1.16(b))	*	Minus	***	=	l						
AMENDMENT	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						X \$= + \$=		OR OR	X \$= + \$=		
TOTAL TOTAL ADD'L FEE OR ADD'L FEE												
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.